U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Sep Only NB-8255 READ THE INSTRUCTIONS CAREFUL E OMS DISTRICTIONS	LY BEFORE PREPARING THIS REPORT.			
1. File Number U - 5358	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Robert L. Pilarski	Name L.(.U, N.A.			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1963 Hatch Rd.	Street 905 16th Street NW			
city Bay City	city Washington			
State Michigan ZIP Code +4 48708	State DC., ZIP Code +4 20006			
5. Position in labor organization. International Represen	Hative - Coreat Lakes Region			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	And the second s			
Street	7.b. Amount.			
City ·				
State ZIP Code + 4	Водина в дення в нестрава с востойна на стой нестрава с намер с намер с намер до с намер.			
	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the set	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the			
Signed Signed	on 730/05 989 892-8060			
	Date Telephone Number			

Name of Person Filing Robert Pilarski		File Numbe	r U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer National Legis	INF	Received 1650.7 Expenses 1735.98 Received 2250.7 Expenses 1832.06 Returned 417.94 Received 400.7 Expenses 400.7
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	11.a. Nature of such dealing the such de	e of such dea	E-COMOS popular e com mon compresçõe destado apresenção de compressor y e e e que e e e e e e e e e e e e e e e
State ZIP Code + 4	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Munder Capital Trade Name, if any:	Ryder Cup		75.00 ticket 80.00 ticket
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Detroit Pist	20~	80.00 ticket 50.00 dinner
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		and the second and th

C. Received from any employer (other than an employer covered to british any isper relations consultant to an employer any payment of mo	under parts A and B above) they or other thing of value.	
13.s. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	And the second s
Name Blue Cross Blue Shield of Michigar	50.00 50.00)
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Street :		
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State ZIP Code + 4	14.b. Amount of payment.	A CONTRACTOR AND A CONT
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